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COMMONWEALTH OF MASSACHUSETTS
CONSUMER PORTAL
USER GUIDE

Contents

REGISTRATION

Registration for the Consumer Portal will be completed to verify the user's information and create a username and password via the Consumer Portal Registration link. Each user will input their First Name, Last Name, Home Zip Code and Birthdate to verify their identity based on the demographic data received from the employer. The user may select the "Terms and Conditions" and "Terms of Use" hyperlink to view those documents. Consumer Portal Registration

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Register

Enter your information below. We will match this to the information we have on file.

First Name

| First Name |

Last Name

| Last Name |

Zip Code

| Zip Code |

Birthdate

| Month ⌄ | Day ⌄ | Year ⌄ |

By clicking "Agree" below, you agree to our Terms and Conditions and Terms of Use.

Agree

Users who receive an error message when attempting to register should contact the Employee Service Center (ESC) for assistance with verifying their personal information in HR/CMS. The ESC may be reached at 855-447-7778 or via the other contact information listed on their webpage: https://www.mass.gov/orgs/masshr-employee-service-center-esc.

After the user enters their demographic information, the user will be prompted to enter their Employee Number. Select "Next".
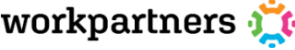
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Enter your employee number

Employee Number

| Employee Number |

Next

The user will be prompted to create a Username and Password. This will be a unique log in that will be used after the registration process is completed. Select "Next".

Note: Passwords must be between 8 and 16 characters and include an uppercase letter, a number, and a special character.

The user will need to follow the Two-Step authentication by reading the instruction and opening the "FAQ document" if needed.

The user will provide their phone number and select to receive a text or phone call with the verification code.

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Two-step authentication

Enter your phone number and select your preferred method of contact. Enter the verification code when you receive it. For more information, please visit our FAQ document.

Country Code

United States (+1)

Phone Number
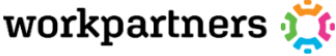
Phone Number

Send Code

Call Me

Workpartners doesn't charge for text messages. However, data, message and voice rates from your carrier may apply.

User will enter the Verification Code received and select "Verify Code".

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Two-step authentication

Enter your phone number and select your preferred method of contact. Enter the verification code when you receive it. For more information, please visit our FAQ document.

+141▨▨▨▨
Edit

Verification Code

459139

Didn't receive the code? Send a new code.

Verify Code

When this step is successfully completed, registration will be confirmed.

If additional help is needed, please contact Workpartners at 1-833-640-2800. Workpartners Intake Customer Service is equipped to troubleshoot log in issues.

LOGGING IN

Once registration has been completed, the user may access the Consumer Portal by using their username and password via the log in link. Consumer Portal Log In

Users may also take steps to retrieve their username or reset their password by selecting the appropriate option and completing the requested information. If additional help is needed, please contact Workpartners at 1-833-640-2800. Workpartners Intake Customer Service is equipped to troubleshoot log in issues.

Once the user is logged in, the welcome dashboard will display with options to request a new absence or view absence status and history.
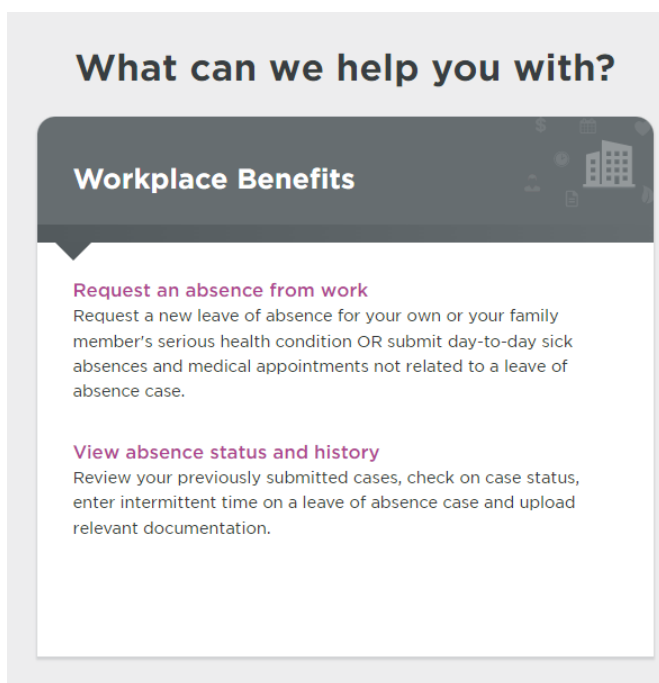
REQUESTING AN ABSENCE

Once logged into the Consumer Portal, select "Request an absence from work" in the left navigation
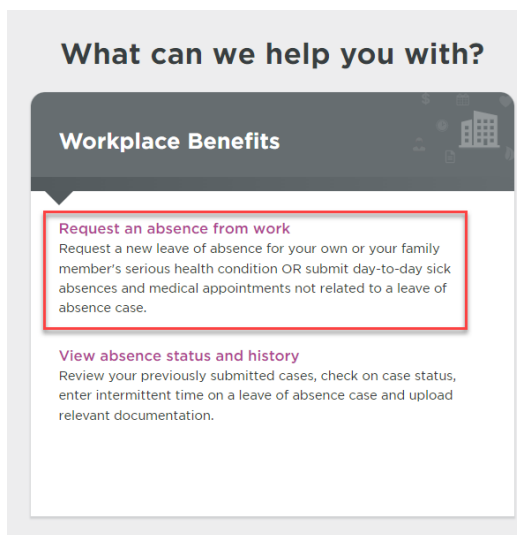
The user will begin the process of requesting a new absence by selecting "Next" to answer additional questions about the details of the leave of absence.

Before submitting the absence request, we need to ask a few preliminary questions to ensure the correct request is being filed. These questions aim to reduce the number of follow up phone calls and speed along the absence request process.

If you need additional assistance with submitting your absence, call Workpartners at 833-640-2800.

Select to file an absence for "Myself" then select "Next".

I want to file an absence for:

◉ Myself

○ My employee

Note: The capability to file an absence for "My employee" is currently unavailable.

Requests submitted through the Consumer Portal are for new Intermittent or Consecutive leave of absence case requests or to submit a day-to-day Unplanned Absence.

Do you need to report a day-to-day absence?

○ I need to report a day-to-day sick absence or medical appoinment not related to an FMLA, PFML or other protected leave policy case

Do you need a protected absence related to FMLA, PFML or other protected leave policy?

○ I am ill or injured (continuous or intermittent medical leave)

○ A family member is ill or injured (continuous or intermittent medical leave)

○ I am pregnant / expecting

○ I am bonding with a child

○ Other

NEXT ›

Requesting a protected absence related to FMLA, PFML or other protected leave policy

A protected leave of absence case would be requested for a continuous or intermittent absence related to your own illness or injury, a family member's illness or injury, pregnancy, or bonding with a child.

Select the applicable reason for your absence.

NOTE: *If requesting a leave for "other", the user will be prompted to call Workpartners to complete requesting their leave of absence.*

> Please contact WorkPartners intake at 833-640-2800 to file this claim request.

Select "Next" and continue to answer all questions necessary to submit the new case request. Some examples of questions that will be asked are as follows:

Reason for Leave

The information that the user provides here should best describe the reason for the absence being reported. The reason that the user provides can be either a general reason, such as "doctor's visit," or a specific condition (if the user wishes to disclose one).

The user will need to type text in this field to search for the general reason for the absence. The reason that is provided can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type text if not displayed. Up to five (5) reasons/conditions may be entered, if necessary, but at least one reason must be provided to move forward.

> **Type text in this field to search for the general reason for your absence. The reason that you provide can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type your text if not displayed. You can add up to five (5) reasons/conditions, if necessary, but at least one reason must be provided to move forward.**
>
> Search for condition 🔍
>
> You may select up to five (5) options.

NOTE: *The reason/condition that the user provides here will NOT be included in the absence notifications that are sent to the absent employee's supervisor(s). The reason/condition that the user provides here will only be available to Workpartners staff and the employee's authorized HR professionals when necessary to process or follow up on the employee's absence report.*

Intermittent or Continuous Leave Request

Select if the leave of absence is <u>continuous</u> by answering **Yes** or <u>intermittent</u> by answering **No**. Select "Next".

> **Do you plan on taking a continuous absence, starting and ending on specific dates?**
> Please select no if you plan on taking time off on intermittent intervals.
>
> ○ Yes
>
> ○ No

Continuous Leave Request

The user will be prompted to enter the start date and end date of the case request. If time has already been missed, this should be the date of the first day missed from work. If this is a future request, these dates should be the expected start date and end date. *Dates may be updated if needed.*

> **Please select the range of dates that you expect to miss work or have already missed:**
> If the first day missed is more than 30 days in the past, please visit the Contact Us page and call us to complete your request.
>
> Note: select the first date missed under "Start Date" tab, then click the "End Date" tab for the last day missed.
>
> 📅 Start Date   📅 End Date

Intermittent Leave Request

The user will be prompted to report any known absences related to the condition.

> **Do you know the days you have missed or will miss?**
>
> ○ Yes
>
> ○ No

If **No,** no further information is needed on this page. Select "Next".

If **Yes,** additional absence details will be entered:

Select the date of the absence

How much time was missed or will be missed on this date?
If the day missed is more than 30 days in the past, please visit the Contact Us page and call us to complete your request.

AUGUST								SEPTEMBER						
S	M	T	W	T	F	S		S	M	T	W	T	F	S
	1	2	3	4	5	6						1	2	3
7	8	9	10	11	12	13		4	5	6	7	8	9	10
14	15	16	17	18	19	20		11	12	13	14	15	16	17
21	22	23	24	25	26	27		18	19	20	21	22	23	24
28	29	30	31					25	26	27	28	29	30	

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

‹ Was a full day of work missed or will be missed for this absence?

January 12, 2023

○ Yes

○ No

CONTINUE

If **Yes,** select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting "Other" will allow the user to enter the time in a text box.

‹ How much time was missed or will be missed for this absence?

January 12, 2023

8
HOURS

OTHER
7   30
HOURS MINUTES

CONTINUE

If **No,** Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

‹ What is the start and end time of your absence?

January 12, 2023

Start:	End:	Duration (Hours : Minutes)
08:00 AM ⊙	10:00 AM ⊙	02:00
HH:MM AM/PM	HH:MM AM/PM	

CONTINUE

Is the absence for a visit to a doctor or other health care professional? If the absence was due to incapacity without an appointment, select **No.**

Enter additional details about the absence when applicable. This field is **Not Required**. Select "Next".

The submitted absence will appear, and additional days may be entered. When no more days will be entered, select "Next".

Note: Clicking on the date listed will allow the user to edit the absence information. Selecting the red 'x' on any date listed will remove the absence.

Procedural Questions Asked by the Commonwealth

The Commonwealth requires some additional questions about the absence being reported to ensure that payroll, contact tracing, and infection prevention protocols are followed. These include:

How do you plan to be paid during your leave of absence? *(NOTE: It is important for you to talk to your agency's Workpartners Liaison/HR department about which of these payment mechanisms is the right choice for you and agree to an option with them to minimize disruption to your payroll and/or benefits.)*

○ Employer Paid – employee only uses their accrued sick and/or other accrued balance (ex. comp, personal, vacation) for duration of the leave

○ DFML Only – during PFML leave only, employee would apply and receive pay through the DFML and is unpaid with their agency

○ Employer Paid to DFML – during PFML leave only, employee uses their accrued sick pay up to the allowed time under the reason or other accrued time, and also apply & receive pay through the DFML benefit upon completion of accrued time

○ Unpaid – employee does not receive any pay from their agency nor from the Department of Family and Medical Leave (DFML) for time off

Is your absence due to a work-related illness or injury?

○ Yes

○ No

Communication Preference

The user will be able to select their preference for how they would like to receive documents related to their leave of absence request.

Would you like to receive documents and updates for this absence request via email?
This is the fastest, most convenient way to manage this claim.

◉ Yes! Send claim documents and updates via email.

○ No, do not send claim documents and updates via email.

Please provide your email address. The email address provided here will only be used by WorkPartners to send documents and updates about the case. This will not update your HR record.

name@company.com

Would you like to receive leave documents and updates via email?
This is the fastest, most convenient way to manage your leave request.

○ Yes! Send leave documents and updates via email.

● No, do not send leave documents and updates via email.

Please provide your mailing address.
The mailing address you provide here will be used only by WorkPartners to send documents and updates about this leave request. This will not update your HR record.

600 Grant Street

Add address line for apartment, floor, etc (Optional)

Burlington

MA

01803

The user will also be asked to provide their preferred phone number and when to be contacted by a Specialist regarding their leave of absence.

Please provide your preferred phone number. You will be contacted by within two (2) business days to verify the details of this case.
The phone number you provide will only be used by WorkPartners and will not update your HR record.

XXX-XXX-XXXX

When is the best time to reach you?
The time selected is in Eastern Standard Time.

8AM   9AM   10AM   11AM   12PM   1PM   2PM   3PM   4PM   5PM

Claim Confirmation

A summary of the request will display with the capability to edit each section if needed.

Once all questions are completed and reviewed for accuracy, the user will submit the claim. The user will receive a claim confirmation with the case number for reference.

✓ **Your claim has been submitted.**
The request has been received and is being processed.
Your case number is _____. A Case Specialist will reach out within 5 business days to review the details of the request.

Reporting a day-to-day absence (Unplanned Absence)

A day-to-day or unplanned absence would be submitted for a sick absence or a medical appointment that is <u>not</u> related to an FMLA, PFML or other protected leave policy case.

Select the applicable option for the day-to-day absence and Select Next.

Select who the absence is for. If selecting "other" there will be a prompt to enter the relationship.

Who is this absence for?

- ● Myself
- ○ My Child
- ○ My Spouse
- ○ My Parent
- ○ Other

Enter the date of the absence that is being reported. Absences may be reported up to one day in the past to cover shifts that span multiple days and up to 60 days in the future.

What is the date of the absence being reported?
Each absence date and time will need to be submitted individually. Absences may be reported up to 60 days in the future.

	DECEMBER								JANUARY					
S	M	T	W	T	F	S		S	M	T	W	T	F	S
				1	2	3		1	2	3	4	5	6	7
4	5	6	7	8	9	10		8	9	10	11	12	13	14
11	12	13	14	15	16	17		15	16	17	18	19	20	21
18	19	20	21	22	23	24		22	23	24	25	26	27	28
25	26	27	28	29	30	31		29	30	31				

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

< **Was a full day of work missed or will be missed for this absence?**

January 12, 2023

- ○ Yes
- ○ No

CONTINUE

If **Yes,** select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting "Other" will allow the user to enter the time in a text box.

If **No,** Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

The date of the absence being reported will be present for review. Each Unplanned Absence must be submitted individually. There will be a prompt after submission to enter another absence if needed.

Note: *Clicking on the date listed will allow the user to edit the absence information. Selecting the red 'x' on any date listed will remove the absence.*

The information that the user provides here should best describe the reason for the absence being reported. The reason that the user provides can be either a general reason, such as "doctor's visit," or a specific condition (if the user wishes to disclose one).

The user will need to type text in this field to search for the general reason for the absence. The reason that is provided can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type text if not displayed. Unplanned Absences only allow for one (1) reason and a reason must be provided to move forward.

> **Type text in this field to search for the general reason for your absence. The reason that you provide can be either a general reason, such as "doctor's visit," or a specific condition (if you wish to disclose one). Typing text in this field will begin to display reasons that may be selected or continue to type your text if not displayed. A reason must be provided to move forward.**
>
> | Search for condition | 🔍 |
> |---|---|
>
> `Sick  ✕`

The Commonwealth requires some additional questions about the absence being reported to ensure that payroll, contact tracing, and infection prevention protocols are followed. These include:

> **Is your absence for an overtime shift?**
>
> ○ Mandatory OT
>
> ○ Voluntary OT
>
> ○ Not OT

A summary of the request will display with the capability to edit each section if needed.

Once all questions are completed and reviewed for accuracy, the user will submit the absence. The user will receive a confirmation with the case number for reference.

The user will also be able to select the link to submit an additional absence if needed.

> ✅ The request has been received. Your case number is 2113996209. To make changes to this absense, call Workpartners. To submit another absence please submit **here.**
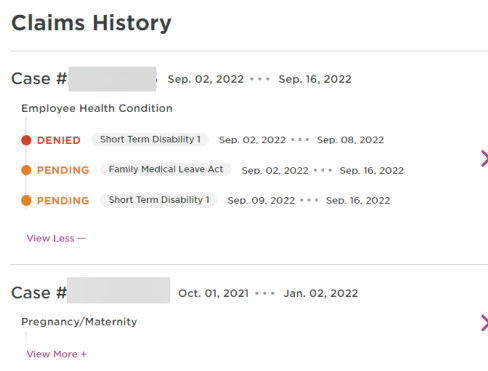
VIEWING CASE STATUS AND HISTORY

Users are able to view status and details of current and historical cases in the Consumer Portal. Select the "View absence status and history" to access cases.
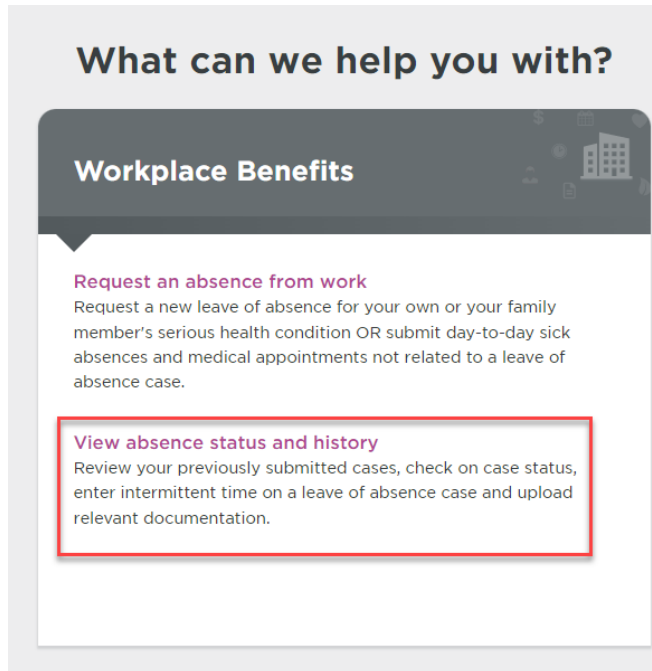
The Absence Status and History page will provide information on cases for both unplanned absences and leaves of absence. Unplanned absences (Employee Sick and Family Sick) will always appear as pending because authority to approve unplanned absences remains with the employee's department, not Workpartners. The claims history provides a record of all unplanned absences reported to Workpartners, even if the unplanned absence was later cancelled by the employee

Claims History

The claims history will provide a listing of all current or historical cases and absences. This listing will provide the case number, case dates and case reason. Selecting "View More" will provide case policies and details of each policy.
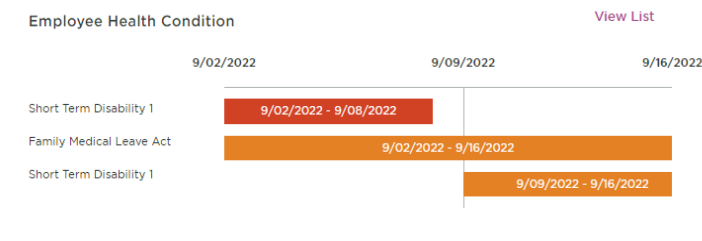
Selecting the purple arrow will allow the user to see details of that specific case only.

Selecting "View Timeline" will provide a bar graph of each policy status and dates and how they may interact with multiple policies.

Uploading Documents

Users are able to upload required documents regarding the leave of absence case. Select "Add Document" to start the upload process.

Select the Document Type that will be uploaded and select "Choose File" to select the saved document to upload to the case.

Submitting Time on an Open Intermittent Case

Users are able to submit time to an open intermittent case.

Select the correct open intermittent case that time is being reported for by selecting the purple arrow. Select to "Submit New Absence Time."

Select the date of the absence being reported

Submit new absence time

Case #1916346348

Back to claim details

How much time was missed or will be missed on this date?

Select if the absence is for a full day of work (select **Yes**) or a partial day of work (select **No**)

Was a full day of work missed or will be missed for this absence?

January 12, 2023

○ Yes

○ No

CONTINUE

If **Yes,** select Continue and confirm the amount of time missed for your full day. The default will be 8 hours and selecting "Other" will allow the user to enter the time in a text box.

How much time was missed or will be missed for this absence?

January 12, 2023

8
HOURS

OTHER
7   30
HOURS MINUTES

CONTINUE

If **No,** Select Continue and enter the Start and End time of the absence. The total time missed will calculate in the Duration box.

⟨ **What is the start and end time of your absence?**

January 12, 2023

Start: End: Duration (Hours : Minutes)

08:00 AM ⊙   10:00 AM ⊙   02:00

HH:MM AM/PM   HH:MM AM/PM

CONTINUE

Is the absence for a visit to a doctor or other health care professional? If the absence was due to incapacity without an appointment, select **No.**

⟨ **Was / Is this absence for a visit to a doctor's office or other health care professional?**

September 06, 2022

◉ Yes

○ No

Enter additional details about the absence when applicable. This field is **Not Required**. Select "Next".

⟨ **If there is any other information you would like to share about this absence request, please provide it here.**

September 06, 2022

Enter additional information here.

NEXT

The submitted absence will appear, and additional days may be entered. When no more days will be entered, select "Submit Absence".

What day have you or will you miss?
If the day missed is more than 30 days in the past, please visit the Contact Us page and call us to complete your request.

JAN
12 ⊗

⟨   **DECEMBER**   **JANUARY**   ⟩

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Note: *Clicking on the date listed will allow the user to edit the absence information. Selecting the red 'x' on any date listed will remove the absence.*

A confirmation of the submitted absence will appear.

Submit new absence time

Case #99902323

Back to claim details

✓

Submission Successful

Thank you for submitting your form.

Note: *At this time, absences that have been submitted cannot be edited or deleted through the Consumer Portal. If an edit or deletion is needed, please contact Workpartners at 1-833-640-2800 for assistance.*